

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

J. V. C. SMITH, M.D.

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**TREMONT STREET MEDICAL SCHOOL.**—In Boston, over 33 Tremont Row.—The annual course of instruction in the Tremont School commences this year on the first day of September.

This school was instituted in Boston, in 1838, for the purpose of giving to private pupils a thorough course of instruction, by lectures and examinations, throughout the year. Two hundred pupils, including a large part of the recent academic graduates of Harvard University, who have devoted themselves to the study of medicine, and many others from all sections of the country, have received their professional education, or some portion of it, at this institution. By an act of the Legislature a charter has been conferred upon this School, which is thus enabled to avail itself of all the privileges which the laws of the State have conferred or may hereafter confer upon incorporated medical institutions.

Exercises in the different branches are given daily or oftener, from the close of the University lectures in March, until their commencement in November, with the exception of the month of August, during which most of the usual labors of the School are suspended. During the session of the University Medical School, examinations are held three times weekly on the subjects of the lectures.

The following gentlemen are instructors in this School, during the present year, in the several departments of medical science, forming a complete and thorough course.

JACOB BIGELOW, M.D.  
D. HUMPHREYS STORER, M.D.  
J. B. S. JACKSON, M.D.  
OLIVER W. HOLMES, M.D.  
HENRY J. BIGELOW, M.D.  
SAMUEL CARNOT, M.D.  
SAMUEL KNEELAND, M.D.

Practical Anatomy is taught under the immediate direction of the Teacher of Anatomy and Physiology, assisted by the Demonstrator of the Medical School of the University. Ample means of pursuing this important branch of study, and for the practice of the more important surgical operations, are provided without additional expense to the student.

### CLINICAL INSTRUCTION.

This essential branch of a medical education is made an object of especial attention. There will be clinical visits at the Massachusetts General Hospital, in the Medical Department, by Drs. Bigelow, Jackson and Storer, with Lectures at stated intervals; and constant attention to the practical study of Auscultation and Percussion, for which ample opportunities occur in the practice of the Hospital.

Clinical instruction in Surgery will be given at the same institution by Dr. Henry J. Bigelow.

Ample opportunities are afforded for experience in Obstetric practice.

### PUBLIC INSTITUTIONS.

In addition to the medical and surgical practice and operations of the Massachusetts General Hospital, the Students will have admission to the Eye and Ear Infirmary, through the politeness of the Surgeons of that Institution; and also to the institution for the treatment of Diseases of the Skin, by permission of Dr. Durkee.

### MEANS OF ILLUSTRATION.

The large collections of healthy and morbid specimens in the Warren Anatomical Museum, and the Cabinet of the Boston Society for Medical Improvement, will be made available for the purposes of instruction under the direction of Dr. Jackson, the Curator of both these collections.

### LIBRARY.

During the whole Summer term, the Students of the Tremont Street Medical School will have free access to, and the privilege of taking Books from the Library of the Massachusetts Medical College, now consisting of about 150 volumes, and rapidly increasing by a large annual appropriation, devoted to the purchase of Books most useful and acceptable to the Student.

\* Application may be made to Dr. BIGELOW, Summer street, Boston. A new Catalogue of the past and present Members of the School, with other details, may be had gratis, by applying, post-paid, to Mr. Burnett, Apothecary, 33 Tremont Row, at W. D. Ticknor's Bookstore, or at the Med. Journal Office.

The Room of the School, at 33 Tremont Row, over Mr. Burnett's Apothecary store, is open to Students from 8 A. M. to 10 P. M., furnished with Plates, Preparations, Articles of the *Materia Medica*, &c.

### TERMS.

For the Summer Term (from March 1st to November 1st), \$30. For the Winter Term (from November 1st to March 1st), \$10. For a Year, \$40.  
Boston, August, 1851. aug 27—1f

DR. H. W. WILLIAMS has removed to No. 33 ESSEX STREET, opposite Rowe Street. Particular attention given to DISEASES OF THE EYE. Nov. 3—cplf.

DR. J. V. C. SMITH, EDITOR of this JOURNAL, may be found at his Office, in the basement of the Tremont House, Tremont Street. Nov. 3.

MATICO constantly on hand, and for sale by PHILBRICK, CARPENTER & CO. Nov. 4

# MEDICAL JOURNAL ADVERTISING SHEET.

**NOTICE TO PHYSICIANS AND THE PUBLIC GENERALLY.**—The subscriber, aware of the adulterations practised in preparing and powdering Drugs and Medicines for the market, and the difficulty experienced in distinguishing the pure, has arranged to have most of these articles powdered in his establishment. Samples of drugs in their original state will be kept for comparison, and he has requested Dr. A. A. Hays, State Assayer, to analyze at any time such preparations as may appear of doubtful genuineness, before offering them for sale, thereby insuring to physicians pure drugs and medicines.

WM. BROWN.

481 Washington, corner of Elliot street.

N. B.—With the above arrangement all can be supplied with pure and undiluted medicines. Physicians of Boston and vicinity are invited to call and examine the above arrangement, and see samples of pure drugs and medicines. No one allowed to put up prescriptions except those of long experience and perfect masters of their profession.

17 The sale of all Fancy Goods and Confectionery is discontinued on the Sabbath. Prescriptions and family medicines sold as usual on that day.

Sept. 4.

**POND & MORSE—Dealers in Genuine Drugs, Medicines, &c., Main Street, Rutland, Vt.** Physicians furnished as above at the lowest Boston prices. A large assortment of Glass Ware, Surgical Instruments, &c., always on hand.

N. B.—Patent Medicines not manufactured or sold.

Sept. 1, 1851.

810-11.

**GENUINE MUSK** in pod; True Russian Castoreum; Sassafras; Genuin Burgundy Pitch; French Camphor; German Quinine; Iodide Potass; Sugar of Lead; chemically pure; English Croton Oil. Just received by **PHILBRICK, CARPENTER & CO.**, 160 Washington street, Boston.

aug 6

**PHYSICIANS' OFFICE WARE AND UTENSILS.**—Mortars of wedgewood, iron, glass and porcelain; Pill Tiles, Pill Machines, Spatulas, Funnels, Scales and Weights, Graduated Measures, &c., for sale by **PHILBRICK, CARPENTER & CO.**

Nov. 13.

**SURGICAL INSTRUMENTS.**—*Philbrick, Carpenter & Co.* have for sale Pocket Cases of Instruments, Copping Cases, Dissecting Cases, Breast Pumps in cases, do. Gum Elastic, Nurse Bottles, Nipple Shells, Breast Pipes; Catheters, male and female, single and double, of silver and gum elastic; Bougies for urethra and rectum; Syringes, self and common; Maw's self-injecting Instruments; Pessaries; Hutchinson's Aperitive Fountain; Speculums, vaginal and rectal; Pill Syringes, for administering solids by the rectum; Stomach Pumps; Stomach Tubes, to be used with a common syringe; Glass Inhalers, for administering medicated vapors; Ramadon's Inhaling Tubes; Teeth Forceps, Scarificators, Cradle's Supporters, Shoulder Braces and Sun ptery Bandages of every description.

Nov. 13.

**PURE CHLOROFORM.**—For sale by **JOSEPH BURNETT**, Apothecary, No. 33 Tremont Row.

Jan. 5-11

**TINCTURES** from English leaves of Hyoscyamus, Conium, Digitalis, Belladonna, and Aconite. Tinct. Indian Hemp. These Tinctures are of official strength. Sold by **PHILBRICK, CARPENTER & CO.**

Nov. 6.

**DR. HEATON'S HERNIA INFIRMARY, BOSTON.**—Dr. H. having returned from Europe, will receive patients as formerly. He continues to attend particularly to the nature and speedy cure of Hernia or Rupture, Varicocele, Scrotocoele, Hydrocele, &c.; also to diseases of females. Trusses are dispensed with in all cases.

Applications must be made at his office and residence, 2 Exeter Place, Boston.

July 24.

**NOTICE.**—A good chance for a good Physician, in a flourishing village, with a business of about \$1200 per year; fifteen miles from Boston by railroad. Inquire at this office for particulars.

Dec. 10-epth.

**FOR SALE.**—The ride of a Practising Physician, worth 1,000 per annum. The incumbent wishes to sell horse, buggy, office fixtures, &c. Possession given immediately. For further particulars, inquire of **R. P. JENNESS**, Saccarappa, Maine. Oct-1-11

**SMITH & MELVIN'S LIQUID EXTRACT OF OPIUM.**—Containing all the desirable Alkaloids of Opium, in a natural state of combination, purified and rendered permanent.—The want of a uniform preparation of Opium which should take the place of Laudanum, as usually prepared, has been long felt by physicians and others. Having been daily reminded, in dispensing medicines, of the uncertain strength, as well as objectionable qualities, of several preparations of this important drug, the subscribers were led to substitute for these a *reduced chemical solution*, prepared by them, of all the active medicinal constituents of Opium, rejecting the Narcotine and other deleterious compounds.

This Fluid Extract is a solution of the Salts of Morphine, Codeine, Thebaine, Narceine and Meconine, with Meconic and Malic Acids, in the same proportions as they naturally exist in the best Opium. They are extracted without change of composition, or addition, and rendered permanent in this form. Narcotine, and other exciting and deleterious compounds existing in the Opium, are completely removed. While, therefore, it possesses all the valuable properties of the Salts of Morphine, it has the higher claim of possessing the properties of the unadulterated drug for exhibition in cases not under the control of Morphia Salts.

Its strength is precisely that of the original official Laudanum, and this standard, accurately fixed, will be maintained in all the parcels bearing our signature. The purchaser will therefore obtain the native Morphia Salts at a lower price than that of the artificial, and will enjoy a less repulsive remedy than Laudanum, with entire freedom from the derangement which artificial Morphia Salts often produce. Its anodyne action on the system is the same as that of the English Black Drop, while the debilitating and relaxing effects of that preparation are not produced by its continued use.

**SMITH & MELVIN, Apothecaries,**

225 Washington street, Boston.

April 9.

*Certificate from Dr. A. A. Hays.*—"I have been requested by Messrs. Smith & Melvin, to analyze their preparation of the Salts of the Alkaloids in Opium, called *Liquid Extract of Opium*, and to examine their processes for preparing it.

This new medicinal preparation is the result of a beautiful pharmaceutical method, exhibiting both chemical and professional knowledge, applied with great skill and care. As stated by them, I find the *Liquid Extract* has been divested of Narcotine, and those substances deemed poisonous—certainly highly repulsive—while the natural Salts existing in Opium are retained in a nearly pure state.

I can most confidently recommend this as the best of the known compounds of the Opium Alkaloids, and the only one in which they are unaltered and rendered permanent.

Respectfully, **A. A. HAYS, State Assayer.**

1 Pine Street, Boston, 1st May, 1850."

**DISEASES OF THE EYE AND EAR.**—**Dr. J. B. DIX** will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont street, opposite Tremont House.

epth

**NAPHTHALINE.**—A new remedy highly recommended by M. Dupre, M. Ransin, and M. Emery, in various pulmonary complaints. Manufactured and for sale by **PHILBRICK, CARPENTER & CO., Chemists**, 160 Washington street, Boston.

817

**CHIRRETTA.**—A new Anti-periodic, just received by **PHILBRICK, CARPENTER & CO.**, 160 Washington street, Boston.

aug 6

**FRESH AND GENUINE DRUGS AND MEDICINES** of a superior quality, carefully prepared for physicians' use, and for sale on the most favorable terms, at 33 Tremont Row, Boston, by

**JOSEPH BURNETT,**

(Successor to T. Metcalf.)

Feb. 10-11

**THE PHYSICIAN'S ACCOUNT BOOK.**—Copies of this work, which has been favorably noticed by the editor of the Journal, are for sale at this office, and at 21 and 23 Cornhill. Each book contains Day-Book, Alphabet and Letter. The Day-Book of the smallest size comprises space for 60,000 charges. Price, smallest size, \$2.50; larger sizes, \$3.75 and \$5.00.

N. B.—This new form of **PHYSICIAN'S ACCOUNT BOOK** received a diploma at the late Fair of the Massachusetts Charitable Mechanic Association.

Nov. 20.

# THE

## BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLV.

WEDNESDAY, DECEMBER 31, 1851.

No. 22.

### "REDUCTION OF THE FEMUR WITHOUT PULLEYS OR ANY OTHER MECHANICAL MEANS."

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Since you did me the favor to re-publish, in your Journal, my article on the reduction of the femur without pulleys or other mechanical means, I have been honored with several notices and strictures through the same channel. Foreseeing something of the kind, and not wishing to be drawn into a personal controversy, I had proposed, from the beginning, not to reply to any such criticisms. And in deviating now from my first resolve, I do so, more for the sake of establishing *certain facts and principles*, which I deem important, and of correcting some misapprehensions of my critics, than for the sake of controversy.

I am accused, either in direct terms or by implication, of making statements that are untrue, of setting up a claim to originality, and of appropriating to myself the honor that justly belongs to others.

Dr. Cartwright informs us that he "first reclaimed from the chaos of blundering empiricism, and brought under the empire of the laws of science," this old method of reducing the femur; that "after long pondering over the cases of dislocation reduced by accident, the truth flashed into his mind, that force had nothing to do with it"—and that as long ago as in May, 1844, he "composed and published an elaborate essay to *prove its practicability*, by quoting cases recorded in standard works on surgery." "Unlike Dr. Reid, he did not quote his own cases reduced by the *method advised*," &c.

Now as I commenced my investigations in 1828, and pursued them at intervals till 1839, and as my first case occurred in March or April of 1844, one or two months before his publication; and as I have never had the pleasure of seeing his essay, it is manifest I am not guilty of purloining anything from his labors; but, it would seem, guilty only of doing what he himself had done, viz., daring to observe, think and act for myself without authority, at or about the same period of time.

But I—very improperly, as he would intimate—quoted my own cases; and why? Because I wished "to prove"—not a *probability*—not a speculation to be *practicable*—but to establish *facts and principles*. To do this I preferred to give observations, experiments, operations and

cases—not *accidental ones*, described in loose and general terms, whose history and description were necessarily defective; but cases, for whose history and description I could vouch as correct in every particular; and operations, undertaken, conducted and completed on the *principles* sought to be established, and which operations were, therefore, not *accidents*, but *legitimate results of the principles adduced*. In this way I hoped, by giving my own observations and experience, to contribute my mite to the general stock of surgical knowledge. If, in all this, there were anything improper, immodest or egotistical, why then I simply plead guilty, and patiently await my sentence.

Then, again, other parties are aggrieved, and we are told, with some apparent degree of sensitiveness, that my "claim to originality for a new method of practice will fall upon a *large class* of your New England readers as a very old and familiar plan; that this so-called original method was familiar to *many* of our profession"; that I had said "that this method was contradictory to the teachings of all standard writers on surgery," and had enumerated several of the principal American and English standard authors, who uniformly taught a different method, the pulley system—but did not include in the list of standard authors on surgery the names of Professors Nathan and N. R. Smith. For this omission and other delinquencies the reviewers call me to account. One says, "We will immediately show that it is *not* contradictory to the teachings of all standard writers on surgery"; and asks why I omitted in my list the name of Nathan Smith. He then refers us to "Smith's Medical and Surgical Memoirs," published in 1831, by Prof. N. R. Smith, of Baltimore, from which he quotes several paragraphs, and likewise from my essay, and "thinks if any one will take the trouble to compare these extracts he cannot fail to see that they describe, *in substance*, one and the same thing." To all this I wish to say—

*First.* That if only "a large class" of New England physicians and surgeons—if only "many of our physicians," were familiar with this method, and not the whole, both in this country and Europe, and wherever the *unscientific* and cruel method of *traction* by pulleys is taught and practised, I hope I have done the profession at large no disservice.

*Second.* Far be it from me to detract one iota from the fame and just dues of Prof. Nathan Smith. I yield to no man in admiration and esteem for his genius, talents and skill, although I never had the honor of his acquaintance or of listening to his lectures. His reputation constitutes an important part of the glory of American surgery, and is therefore the common property of the profession.

*Third.* According to my notion, "a standard work on surgery" is one embracing the whole subject and embodying the received and acknowledged principles and practices of the profession. This is not the character of "Smith's Medical and Surgical Memoirs." The work, as its title imports, is a miscellaneous collection of several subjects. One article only treats of dislocation and reduction of the femur, and that is from the pen of Prof. N. R. Smith. And this, he tells us, is not intended as "a complete treatise on these dislocations"; for such, he "re-



fers us to systematic works." This is designed, as he informs us, "to be supplementary to the information which we now possess, and to subvert certain erroneous practices." These were exactly my objects: to contribute—not to collate and compile—and likewise "to subvert," if possible, "certain erroneous practices."

Again, Professor Nathan Smith's theory and practice, as taught by himself, or as presented in his "Memoirs" by Prof. N. R. Smith, have never, to my knowledge, found their way into any standard surgical work, nor even been noticed by any author. A few or many of his pupils may have adopted them as authority. But the profession as a body have never received and acknowledged them, either theoretically or practically. Besides, the theory and practice inculcated, are but partially true. These are the reasons why I did not include said Memoirs among the standard works on surgery.

But I did not intentionally do either Prof. N. Smith or Prof. N. R. Smith injustice.

In my address, as originally delivered and first published in the Buffalo Journal, I said, "I was aware that Prof. Nathan Smith, of New Haven, had, in his day, taught in his lectures a somewhat similar method—perhaps the same; but none of his pupils whom I had ever met, could describe either his method or the rationale of it. I had seen, too, his Memoirs, published by his son, Professor N. R. Smith, of Baltimore, but he confesses he did not recollect the teachings of his own father, and that he, the elder Smith, had left no notes or records of his doctrines or practice." [In this sentence I have done injustice to Prof. N. R. Smith. When this paragraph was penned, I had not a copy of his Memoirs before me. I had never seen but one copy, in 1838, which was after I had made the chief part of my observations. He says, "The principles which I shall endeavor to establish, were derived in part from my father's lectures"—and just after, when referring to the case which he used to relate in his lectures, he says—"Notes of this case, unfortunately, I am not able to discover among his papers." And so of a letter, addressed to his father by a medical gentleman who had a similar case, "it could not be found." The impression left upon my mind by these statements, led to the above error. This correction and acknowledgment are therefore due to Prof. N. R. Smith.] "Dr. N. R. Smith, however, proceeds to give what seems to him the probable doctrines inculcated by his father, and gives directions for reducing dislocations of the hip, with drawings illustrative of his method. But it is apparent, that when he wrote his book and gave these directions and illustrations he had never reduced a hip by his method. For his directions require impossibilities, and his illustrations (drawings) are mere fancy; no such thing in nature can exist. For to *abduct* a thigh dislocated on the dorsum of the ilium, *before* flexing it on the pelvis, or to *abduct* and *flex* at the same time, *as he directs*, is absolutely impossible, without rupturing the obturator externus—and to rupture this, in order to obtain flexure, would require the power of many men; but to flex the leg first on the thigh, *then adduct* the thigh, carrying it even *over the sound one*, and at the same time *flex the thigh on the pelvis, carrying the knee over*

and upward by a kind of semi-circular sweep, is a very different and a very easy thing." And I may here add my honest conviction, that if any one ever did succeed in reducing the hip, by attempting to observe the directions given by Dr. N. R. Smith, he did it by "making experimental bending movements of the limb," in every possible direction, as advised by Dr. Dorsey, and quoted by Dr. Smith, and thus by accident adducted and flexed the thigh on the pelvis; performing empirically and by accident, the adducting movement, which I have demonstrated that both the anatomy and mechanism of the parts require.

By the foregoing quotation it will be seen, that I gave to Prof. Nathan Smith credit for all that I then knew of his teachings and practice; and therefore, although in discussing the subject, I called it "my method," I set up no claim to priority or originality over him for the general mode of operating. What I claim is the discovery of the true principles and rationale of the operation, and the specific movements required by these principles. Whether Prof. N. Smith fully understood these principles, is uncertain. That Prof. N. R. Smith did not, appears from the whole tenor of his treatise. And until the recent attempts to throw light on the subject, I was inclined to believe that Dr. N. Smith understood them better than was represented in his Memoirs; but these attempts have served to render it probable that Prof. N. R. Smith has given us the sum total of all that was known to both.

He says, "The principles which I shall endeavor to establish were derived in part from my father's lectures." The first and principal portion of the essay is a hypothetical argument to show that muscles are themselves the chief agent in producing dislocations, and that therefore we might, "if we knew how," make them subservient to the reduction. The last part of the essay contains his "proposed method of effecting the reduction of the os femoris." Not knowing what part belongs to the elder, and what to the junior Smith, we must take it as a whole, and as embodying all that was known to both; and what was that? A few quotations only can be given in an article like this; the reader is referred to the Memoirs themselves, where he will find the principle relied upon is that the powerful contraction of muscles which dislocated the bone, must be employed to reduce it; that the leg is to be used as a long lever by which "to multiply force," to call certain muscles into action, and by "adroitly" "making bending movements" we are "to evade" the resistance of the powerful muscles—for when "we endeavor to effect the reduction of the bone by extension made by pulleys, the extending effort which we then make is directly resisted by the glutei muscles."

In the Memoirs we are told, that "Prof. Nathan Smith used to relate, in his surgical lectures, a case of dislocation of the os femoris on the dorsum ilii, in which he promptly succeeded, by the mere force of his hands, in effecting the reduction. Notes of this case, unfortunately, I am not able to discover among his papers." \* \* \* "After attempting the ordinary methods, by extension, in vain, he bent the leg on the knee, seized the leg and used it as a lever, rotated the thigh a little outward, then gently adducted the thigh, and lastly flexed it freely on the pelvis, by

carrying the knee towards the face of the patient.\* \* \* \* A medical gentleman of Massachusetts saw a similar case of dislocation, practised the same method, and succeeded with equal facility. A letter from him to Professor Smith, detailing the particulars of the case, I once saw, but unfortunately it cannot now be found." Again, after referring to the case which occurred in the hands of Dr. Physick, he says, "*The case in which my father succeeded*, was one of dislocation on the *dorsum ilii*."

Now several things here are worthy of notice. 1. It is "*a case*," "*the case*," which he "*used to relate* in his surgical lectures," leaving us to infer that he had no other case of his own to relate; if he had any other, why refer to the *one other case* of the gentleman of Massachusetts? 2. He succeeded in *this case*, "*after attempting the ordinary methods of extension in vain*." From this it is fair to infer that *this case* was somewhat *accidental*, and it was *the case* on which he founded his subsequent teachings—or that he had so little confidence in his new method, that he was fain to try the ordinary modes first. 3. Prof. N. R. Smith, the son of Prof. Nathan Smith, who must have enjoyed both the private and public instructions of his father, had access to and control of all his papers, and from which he compiled his *Memoirs*, is able to quote but *one single case*, occurring in his father's practice, and that of a somewhat doubtful or *accidental* character. And what have "*Suum Cuique*," and Drs. J. M. Smith and M. F. Colby done? Manifestly, all have quoted *this same case* to establish the claims of Dr. N. Smith.

Now for the *rationale* of the operation. He refers to "*a case which fell under his [Dr. N. R. Smith's] own observation*," in which "*the most powerful and persevering efforts had been made by the aid of pulleys, but without success—made, too, by men of science and skill* ; the case was then dismissed as unmanageable. In a few hours afterwards the patient fell into the hands of a quack—who without any assistance moved the knee in *various directions*" and reduced the bone. After quoting the case of Mr. Cornish, recorded by Sir A. Cooper, and the case of Dr. Physick, recorded by Dr. Dorsey—after quoting the recommendation of the latter, viz., "*to try every possible motion of the limb*, before abandoning the case as hopeless, as very often, after force has failed, a gentle effort in some *new direction* is found successful," he then says—"But if these gentle efforts, these *experimental bending movements* of the limb, so often succeed in the worst cases, and after the most powerful efforts have been made in vain, does it not go far to prove, that gentle means, if *adroitly* employed, would succeed better in all cases? There is no doubt a *constant mechanical principle upon which the reduction is effected* in such cases, and one which would *perhaps* succeed in nearly all cases, if we knew how to employ it understandingly and with precision, and did not avail ourselves of it by mere hap-hazard. If a gentle movement of a peculiar kind succeed in *one case* of complete dislocation on the *dorsum ilii*, after all other means have failed, ought not *this movement*, if well understood, to succeed in other cases better than the usual mode? The *mechanism* of these dislocations is certainly the

same in all this variety—the bone assumes the same attitude, and the muscles assume the same relations—furnishing the same impediments and the same aids in every case. This frequent *failure of art* and the *success of accident* satisfy me, that there is some *important principle* relative to the mechanism of this dislocation WHICH IS NOT YET UNDERSTOOD.” Again, after describing his “proposed method,” he says, “The cases in which lateral movements with gentle force have succeeded, either by design or fortuitously, \* \* \* induce me to believe that there is a *secret method* in which we may uniformly succeed; and that method I believe to be the one in which the movements described above are employed.”

Here, then, all is conjecture—conjectures, valuable, important, and approximating to the truth. One fact only was certainly known, viz., that reductions had been effected “by lateral bending movements,” whether made “by design or fortuitously”; and on these conjectures, embracing the general truth, to be sure, but yet the specific items unknown, he proceeds to give a “proposed method.” Whereas, I think I have discovered and demonstrated the cause of “*these frequent failures of art*”; “*the important principle*, relative to the mechanism of these dislocations, which has [not] heretofore been understood”; “*the secret method*; the [true] bending movements to be made”—*not hap-hazard and adroitly*—not indefinitely “in every possible” way—but in a certain order, step by step, which never fails to secure the desired result.

In his “proposed method,” he directs the patient to be laid on his sound side: I place him on his back. He lashes him fast to the table—and then “the operator designs to employ any degree of extension,” and must put also a counter-extending band over the perineum: I use no fixtures of any kind. He next flexes the leg on the thigh: in this we agree. He then rotates the limb: this is useless, and serves only to give pain to the patient. He next *gently abducts* the thigh: this is worse than useless, as it increases the *tension of the obturator externus*, already strained to its utmost; unnecessarily tortures the patient, and is incompatible with the next movement. Instead, therefore, of “*gently abducting*” the thigh, I *strongly adduct* it, and thereby relax the stretched muscles. He next flexes the thigh on the pelvis, *increasing abduction*: I flex on the pelvis, merely *continuing adduction*, and do not *abduct* nor *rotate*, till the knee is as high as the umbilicus. These differences in our mode of operating will be found to be important. My method is more simple; requires less time; is easier, requiring less force; causes less pain, and is in exact accordance with the mechanism of the dislocated joint.

Without disparagement, therefore, of the Professors Smiths or any one else, I believe I may justly speak of the mode which I have described, as “my method.”

1. Because, my observations and *experiments* were made without the aid or first suggestion of any one, and before I had seen Smith's Memoirs.

2. Because, so far as I know, I first discovered and demonstrated that the *contraction and resistance of the large muscles do not constitute the im-*

*pediments* to be overcome, as has been taught by all surgical writers, not excepting even Prof. N. R. Smith ; but,

3. That the real and almost the whole difficulty lies in the *distension* of the comparatively small muscles, viz., the obturator externus and internus, the pyriformis, gemelli and quadratus.

4. I have proved, by actual experiment, that muscles are incapable of extension beyond their normal length, to any practicable degree, without danger of laceration.

5. I have demonstrated *mathematically* that *traction* on the shaft of the bone, by pulleys or other means, is incompatible with the mechanical and physiological action of the muscles, impeding the reduction ; that it increases the difficulty, tends to rupture the aforesaid muscles, cruelly and unmercifully tortures the patient, and is therefore an *unscientific* application of force.

6. And, lastly, I have pointed out the *true and only evolutions* of the limb, required by the mechanism of the joint in order to reduce, without mechanical power, this particular and heretofore formidable dislocation.

Rochester, N. Y., Dec. 12, 1851.

W. W. REID, M.D.

#### PREPARATION AND SALE OF DOMESTIC MEDICINES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have this day noticed a circular from Dr. J. F. Skinner, of Brownington, Vt., setting forth, in a very clear and candid manner, many of the existing evils of nostrum vending, as practised in our country, and his plausible remedy for such unjust impositions upon what he considers *public credulity*.

His propositions for renovating the field, now overrun by the herds of quack-medicine venders, have been heretofore published in your Journal.\* The same doctrine is set forth in the circular accompanying the medicines he offers for sale.

The foundation of his new scheme is, that "it has ever been the case that the public will have some form or other of domestic medicine to which they can resort without calling in a physician." Hence, he argues, that if physicians will prepare and offer for sale, at convenient places, good medicines, upon which the community can rely, nostrum venders will be used up.

Now it does not appear to us that there is a disposition in the public *generally* to purchase and take medicines upon their own opinions. The medicine trade is not kept up by the patronage of the more intelligent, nor even of a majority of the community. The ignorant and credulous are the patrons of quackery and of the patent medicine venders. The chronic invalid is the dupe of the wily author and inventor of "Liver-

\* See Boston Medical and Surgical Journal, Vol. XL., No. 16, for an able exposition, by Dr. Skinner, of the evils to the community from the manufacture and sale of popular quack medicines, and his recommendation that physicians prepare suitable domestic medicines to take their place.—ED.

wort and Tar." There is not sufficient credulity in the public generally to be caught by such bait as is offered by the trade. But admitting his proposition to be sound, will his plan accomplish the object?

The impudent quack sends his medicine into the country, "prepared for family use," after "years of labor" spent in the invention and trial of their use, with certificates from those who have been cured by the article. A circular or almanac is offered gratis, proclaiming the "news." Now this practice is virtually condemned by Dr. Skinner, and the readers of his *own circular* are warned to beware of the imposition offered by others.

Unquestionably in his own neighborhood Dr. Skinner's circular will prevent many from being duped by the venders of nostrums. But certainly where he is not personally known by the community to whom he offers his "series of medical preparations," his circular will have little or no influence. The result will be, if the quack succeeds in arresting the attention of the invalid, his chance is as good as the doctor's. We believe Dr. Skinner is an honest, intelligent and high-minded physician. But abroad he may not be known as such, and the M.D. attached to his name is no evidence that he is not a quack. The vender of "my grandfather's pills" is an M.D., and has obtained a seat in the Legislative halls of a mighty State. Then if the object can be accomplished by the doctor's plans, it must be by physicians as a body adopting his method. Every physician must offer medicine for sale, or at least such a number of them that each buyer can procure an article for use, prepared by a physician in whom he can place confidence. At all events, the result would be, that the great body of the profession would each send forth his "series of medical preparations" for sale. And what a degrading spectacle would this be! The world would have reason to distrust the whole of us.

But we do not deny that well-educated and experienced physicians could offer medicines far better for the sick, than those prepared by the great majority who now hold the trade. The doctrine to our mind is, that no physician can, however experienced, prepare medicine that will be sure to prove useful, or even safe, for the sick of whom he knows nothing. Blood-root, squills and emet. tart. are highly useful in certain diseased conditions of the respiratory organs; but to offer them in any combination to the public for "a cough," without knowing anything of the condition of the lungs, pleura, or the general constitution of the patient who is to swallow them, seems to us absurd. Would it not be arrogance, yea, impudence, in a physician in Boston or New York, to address a note to Dr. Skinner, of Vermont, stating that he has a panacea for the colds, coughs, asthmas, whooping coughs, &c., of his patients, of whom the writer knew nothing? How often physicians decline to prescribe for patients whom they have never seen, though the case may be described minutely by an intelligent friend. Much less, then, should physicians offer the invalid a nostrum, to be taken as the patient may think proper after reading the directions.

To our mind, it appears that Dr. Skinner's plan will not succeed, though we doubt not his medicines are prepared with ability and care. The

preparations will doubtless be taken, and do much good to some of the patients, as well as to the pockets of the manufacturers.

December 19, 1851.

Yours,

W. S. C.

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#### CONSUMPTION, AND ITS TREATMENT.

[Communicated for the Boston Medical and Surgical Journal.]

CONSUMPTION is of two kinds, tubercular and bronchial. The former has a constitutional, the latter a local origin.

The human constitution, as shown by Liebig, in his profound work on Animal Chemistry, is governed by two forces, the nervous and the vegetative. The former disposes the molecules to a state of motion; the latter is an antagonist power, and inclines them to a position of rest.

In vegetative life there is motion in one direction only, so to speak; that is, motion which tends to the opposite of motion, namely, rest. In vegetables, whose life is wholly under this power, there is no waste; for here, all ultimate particles, having once taken a place of rest, remain fixed and undisturbed. Hence in a tree there is *growth* as long as it lives. There is no power to break up and destroy.

But in the animal body, there is motion in two directions, or a circuit of motion. Particles which under the vegetative force have been put to rest, are perpetually being displaced by the nervous energy, and reduced to unorganized, amorphous compounds, to be burned in warming the system, or cast out by the several excretory processes.

So constant is the action of these two forces, that the human system has been compared by John Hunter to a whirlpool, into which the particles of matter are perpetually poured under the influence of the vegetative power, and out of which they are as constantly whirled by the nervous force.

A little reflection upon these antagonisms, as thus explained, will enable the reader to see that it is just when the vegetative force transcends the nervous, that the body increases in weight, and acquires that diathesis in which the blood discs abound, and the tendency, if to disease at all, is to that of the inflammatory kind. It is the tonic or sthenic condition of the system. Nutrition is more rapid than destruction. New particles are laid down faster than old ones are taken up. Hence the body *grows*.

On the other hand, when the nervous force overmasters the vegetative, when the outward or centrifugal motion of the whirlpool prevails, then it is that the body is attenuated, the blood is made serous, and the consumptive, atonic or asthenic condition is established. Now, there is too much motion. The nutritive particles, instead of tending to a state of rest and deposit for the re-supply of waste matter, become fugitive in their habits, perpetually fleeing, like convicts escaped from prison. Introduce this power, in excess, into the vegetable kingdom, and the matter deposited upon the tree, instead of remaining to swell its bulk, would be driven off by the nervous force, and the tree, instead of growing, would be annually *lessened*, become sickly, and die of consumption.



In tubercular consumption, the system is like a field deluged with a flood; nothing can take root. The repeated shocks of the nervous battery sent to the absorbents, so quicken them in their work of removing waste matter, that they dislodge much which is not yet worn out, and assist in casting out of the system not a little designed to be used in its renewal. A healthy deposit is thus prevented, and nutrition is at an end. The nutritive arteries, those little builders of the human frame, are overmastered by the stimulated lymphatics; the constructive material is wrested from them, and borne beyond their reach, and the body wastes from want of nourishment. The blood becomes thin and watery; and from the increased serous portion, chiefly albumen, are deposited upon the lungs and other tissues the albuminous tumors, called tubercles.

Here is found the cause of that peculiar smallness of bone and muscle, and thinness and tallness of person, so characteristic of the tubercular consumptive. Here, too, is the key of those sharp features, thin lips, fine soft hair and small narrow chest, which speak so sadly to doating friends. The absorbents, under the power of a very active nervous system, take down "the house we live in" faster than the nutritive arteries, confused by the motion around them, can effect its re-construction. It is simply an unbalancing of the antagonistic forces, which build and pull down the tenement we inhabit. The men that demolish are more numerous and better fed than the artizan builders.

It is this destructively nervous force of the system, which gives to tubercular persons their proverbial mental activity; which causes them often to dazzle the world with the splendor of their gifts, and to bless their friends with the warmth of their affections. They are usually the *choice spirits*—the idols of their relatives, and the favorites of the community in which they live. Of all persons they are best fitted to enjoy life, and to impart happiness. Loving all, they are by all loved in return. They are specimens of partially etherialized humanity, stepping lightly across the earth, to whom friends passionately stretch out their arms, and embrace—their shadows!

These views will appear the more reasonable, if we consider that in children, the vegetative, or power of constructing the system, is very active, while the nervous energy is comparatively weak. The preponderance of the former power over the latter, causes the rapid growth of children. The little arterial builders work faster than the lymphatic demolishers. Hence, although, according to Lugol, "pulmonary tubercles frequently exist in early youth," and although post-mortems by others have revealed tubercles in vast numbers of children, yet comparatively few of them die of the disorder. Cases of tubercular consumption are likewise rare among persons advanced in years, in whom the nervous force is weakened.

But from the age of 17 to 35, when the vegetative power is losing something of its extraordinary activity, and the nervous force is showing its highest capabilities—then it is, as this theory indicates, that tubercular consumption does its dreadful work—then, that the outward whirl of this physiological maelstrom casts upon the shores of mortality so many thinned, exhausted and lifeless human forms. More than three fourths of

all who sink under this disorder, die between the ages just named. The brain, between these points of time, acquires its full size and force.

The persons exposed to *bronchial* consumption are generally of an opposite habit to those described above—having the nervous force, in health, well subordinated to the vegetative, the assimilation good, and the blood well supplied with red discs. They have usually a full habit, and an active circulation. The absorbents, and other vessels in the lungs, working in the midst of a large amount of caloric, evolved by an energetic respiration, often take cold, which brings on lung fever and pleurisy, and these lay the foundation for the ultimate destruction of the lungs. For the same reason the skin of this class of persons becomes diseased, and more often the inner skin, or mucous membrane, and most often that portion of the mucous membrane which goes down into the lungs and lines the air-tubes. It is inflammation of this which constitutes bronchitis, and which lays the foundation for true bronchial consumption.

The constitutional difference between the persons exposed to the two forms of consumption, appears to be this:—the tubercular type is usually attended, in its origin, by a tolerably good state of the digestive function, in connection with bad assimilation; while the bronchial form generally has its foundation laid in connection with bad digestion, accompanied, for a time, with healthful assimilation. In the former case the food is well digested, the pabulum is properly prepared, but the nutritive arteries, for reasons already stated, do not use it for the purpose of renewing the wasted tissues. In the latter case the digestion is often bad, the pabulum poorly elaborated; but the re-constructive vessels, under the control of a well-developed system of organic nerves, use it to the best advantage. In the one case there are good brick-makers, and lazy brick-layers; in the other, the reverse.

It happens, however, that before the fatal close of the disease, tubercular patients usually become afflicted, more or less, with bad digestion, and bronchial patients with defective assimilation; so that, in the end, they present us with much the same class of symptoms. Starting from opposite poles in life's celestial sphere, they meet at the culminating point of death, and disappear under identical aspects of the heavens.

*Treatment.*—In the bronchial form of the disease, I have generally found that attention to the hepatic trouble, often present, exercise out of doors, cold bathing and friction, and the inhalation of the nitrate of silver and lycopodium powder, secures about all that can be expected—I was about to say, desired—from treatment.

The tubercular type of the disorder also indicates out-door exercise, with the bathing and friction. I am persuaded that these branches of treatment have received too little attention. The defective nutrition, as I have presented it above, is a condition which seems plainly to call for their vigorous use. The rapid breathing in phthisis creates a too abundant oxygenation of the blood—so much so, that the muscles, especially the heart, are usually of a *bright red*. To prevent the patient from being literally consumed, burned up by oxygen, the blood must be de-oxygenated as fast as possible; and in no way can this be done faster

and better than by invigorating the capillaries of the skin by a gentle sponge bath and brisk friction.

While there is a superabundance of oxygen in the system of a phthisical person, there is at the same time a deficiency of carbon. Hence the cold hands and feet, and the general inability to bear frosty weather. The little nutritive arteries, in these thin-blooded persons, stand shivering and torpid with cold, unable to perform their allotted function of nutrition. There is not fire enough in the system, and fuel must be had in the form of carbon. Hence one of the advantages of cod-liver oil. This oil, too, as carbon, devours the oxygen of the blood, and prevents its devouring the patient. This idea also explains the fact mentioned by Bennet and others, that in their post-mortems, they found the evidences of healed ulcers in numerous persons who had been *spirit-drinkers* while living. And Liebig helps the explanation by saying that alcohol, taken into the system, circulates in a free state in the blood, and devours its oxygen. To which I beg to add, that the *malaria* of intermittent and bilious fever districts has been pretty satisfactorily proved to be an instable organic body, consisting of sulphur, carbon, and hydrogen, all of which have an affinity for oxygen, and would also devour the oxygen of the system. Hence consumption is not found in such districts.

As I am treating wholly of the chemical effects of remedies (and to this test all remedies must finally come), I will mention that Rokitansky considers the power of pregnancy in arresting phthisis to consist wholly in mechanically stopping the flow of blood through the lungs. And I regard atmospheric inhalation with the Ramadge tube as doing the same thing, by inflating the air-cells—thus pressing upon and flattening the venous capillaries, and lessening the amount of transmitted blood. I will add, that antimo. et pot. tart. steps in here and attempts to demonstrate the justness of its long-conceded remedial power in phthisis, by pointing to the fact demonstrated by Blake and Mialhe, that it *arrests the circulation in the pulmonary arteries*—thus giving a complete and luminous view of its power to prevent oxygenation. But I am obliged to detract *something* from its merits, by stating that it *also* retards the circulation in the capillaries of the system generally, and so hinders *de-oxygenation*.

But there is a therapeutic agent just now presenting itself to the notice of the profession, to which I wish to invite special attention. I refer to phosphorus. This agent seems to have more than ordinary claims upon our regard. It has challenged our notice in the shape of *phosphate of lime*. But this is *probably* because it has come without its chemically attested certificates.

Cerebric acid contains nitrogen and phosphorus, and is the peculiar component of the brain and nervous system. By combustion and the changes of oxydation in the brain, the phosphorus of cerebric acid is converted into phosphoric acid; so that every act of the brain produces phosphoric acid. How rapid, then, must be the consumption of the phosphoric element of the cerebric acid, in that highly active and excitable state of the nervous system which I have described as peculiar to phthisis; and how necessary, in order to save the brain from destruc-

tion, to meet this increased demand for phosphorus by introducing it into the system as a therapeutic agent.

Since writing the above, the *London Lancet* for December has come to hand, and in it I find Dr. Theophilus Thompson, in a clinical lecture delivered at the Hospital for consumption and diseases of the chest, expressing the opinion that the phosphorus present in cod-liver oil contributes some share to the happy influence of that remedy. He also starts the "inquiry, whether an additional supply of phosphorus, by attracting oxygen in the process just noticed, may not tend in consumptive patients to lessen the unfavorable oxydation by which pus is largely formed in the lungs." I think the inquiry can hardly fail of an affirmative answer.

Mulder regards the fibrin of the blood as the *carrier of oxygen*; and by this oxydation, the fibrin becomes converted into the binoxide and tritoxide of proteine—its phosphorus and sulphur (for it contains both) being converted into phosphoric and sulphuric acids. Adding phosphorus and sulphur, therefore, as therapeutic agents, would seem to be the proper way to supply the fibrin with materials destructive of its freight of oxygen.

The proposition before the profession now is, to administer, in case of phthisis, phosphate of lime; and no doubt this has been useful in several instances. But phosphate of soda would probably answer better, as the salt of lime is insoluble, and this substance would be converted into the phosphate of lime within the system, if it encountered any soluble compound of lime; and as this base is supplied in water and most kinds of food, the change would be likely to take place.

Here the subject spreads itself out beyond the limits of an article, and I must leave it, simply saying that I have now two patients rapidly recovering from the third stage of tubercular disease on the use of syr. of phosphate of manganese, freely administered with cod-liver oil. With these, I unite the inhalation of the nit. silver and lycopodium powder, and a very vigorous administration of the hygienic laws, in the form of exercise, &c. In the cases alluded to, and in others where a less rapid improvement is occurring, the manganese has displayed good powers for correcting the anæmia, while the phosphorus has seemed to meet the various indications to which the above remarks point.

I have thus attempted to draw the attention of the profession to a subject, which, to me, has a special interest. With a powerful microscope, and such aids as can be derived from the present imperfect state of organic chemistry, I have entered upon some investigations respecting the pathology of blood, urine, and other fluids and solids of the body; and though I can hope to accomplish very little, I may be allowed, perhaps, to invite the encouragement and co-operation of those who are farther advanced—feeling well assured, that to such investigations, prosecuted in the spirit of true philosophy by all who have the opportunity, we may look with hope, as the source whence most of the true progress of medical science is to come.

IRA WARREN, M.D.

*Boston, December 18, 1851.*

## ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 411.]

IN Arachnitis we have generally a complete suspension of the mental faculties, and symptoms which progress from disordered intellect to that of complete destruction of it. There is also coma, accompanied with convulsion—and subsultus. In the *chronic* form, first described by Bayle, the leading character of the attendant delirium is a "heightening and exaggeration of all the ideas." But this state of frenzy gradually subsides into mental alienation, impeded articulation, &c., running on to progressive paralysis both of body and mind. The French pathologists inform us that delirium is more to be expected where the superficial part of the membrane, on the convexity of the brain, is inflamed; but that coma, trismus, and convulsive affections, indicate the basilar portion to be the seat of disease. The membrane sometimes exhibits *patches* of inflammation; at others the inflammation is more extensively *diffused*, attended with opacity and thickening, and with *adhesion*, consequent on the deposition of albumen or lymph: and it is to the affection of the membranes rather than to that of the brain itself that Bayle, in his "*Maladies du Cerveau*," attributes insanity, and conceives that the subsequent effusion or serum is (by its pressure on the substance of the brain) the cause of the paralysis and dementia in which it so often terminates. "The pia mater is subject to the same indications of disease as the tunica arachnoidea; and with these acknowledged evidences of membranous inflammation it appears strange that copious depletion should not be found advisable—but so it is. Then, again, there is great expenditure of the nervous energy where the brain (from whence all nervous energy proceeds) is thus seriously excited; and this, in my humble opinion, is a main reason why depletion cannot be borne—why sudden prostration is likely to succeed—and why death follows fast upon it. Depletion may, and very often does, induce a temporary mitigation of all that tension, throbbing, and other sensations of plethora, which accompany early and acute mania; and those who are comparatively little experienced in such cases are induced to repeat the bleeding, should the *vis vitæ* and *vis nervosa* be not knocked down by the first bleeding. In inflammation of the pleura, or peritoneum, or other serous membranes, our mainstay is the lancet, and the loss of blood at times necessary to rescue the patient from the grave is scarcely credible. In the Medical Gazette of March, 1828, I published a successful case of pleuritis under my care, illustrative of such active treatment, in which 160 ounces of blood were taken in five days. Dr. Blundell has also recorded two successful and similar cases, in which a gallon and a half of blood were abstracted in the same short period.

In reports of the Ardent Fever of the West Indies, Mr. Comrie, a Naval surgeon, says—"In the course of three or four days above 250 ounces have been taken away, and always with success when timely application was made." Here, however, there is no exhaustion of nervous power; the inflammation is confined to a membrane remote from the brain, and unconnected with it; and depletion must be carried till that inflammation is subdued. The physician must, therefore, use his own judgment in the treatment, taking care not to confound arachnitis, as an idiopathic affection unconnected with mental aberration, with the delirium *ferox* of insanity, and the supervention of inflammation on it. What I particularly mean to express is, that although post-mortem appearances in mania frequently

give undeniable evidence of inflammation having existed, and although early depletion may be, and is, necessary to a certain extent (especially where the subjects are young and plethoric, the invasion of the attack sudden and acute, attended with strong arterial action, heat of scalp, contracted pupil, and intolerance of light and sound, &c.), the greatest care should be taken not to exhaust nervous energy to such an extent as to endanger the attack's degenerating into irreparable dementia. Pinel was so apprehensive of this result, and so awake to the deceptive character of vascular plethora in the brain, that he opposed bleeding most strenuously, as tending to retard recovery, and even to render recovery doubtful. Esquirol partly coincides in this opinion, but relied more on leeches occasionally; Dr. Rush was particularly blood-thirsty; and Dr. Haslam placed much reliance on it, but not to the extent recommended by Dr. Rush. Dr. Prichard believed the cases to be very few which would yield to large depletion, and considered that the existence of the patient would be much endangered by it. Dr. Burrows (who, following the example and trusting to the experience of others, tried depletion for several years) admits that he discovered his error, and became so cautious in advising it that he scarcely ordered venesection in six cases of mania or melancholia in the same number of years; and that since he changed his practice the cases had been less intractable and less tedious, for he remarked how suddenly the strength of lunatics gave way on general bleeding!

It sums up (as I said before) in this—that the physician must exercise his own good judgment on this most knotty point in practice (not only in this but in every case, viz., the propriety or impropriety of bleeding), and prescribe in accordance with it. Suffice it to add, that Dr. Monro, Dr. Conolly, and other eminent physicians of the present day, who have devoted themselves to cases of insanity, deprecate the lancet altogether.

With respect to the substance of the brain, the leading alterations in its structure consist principally of increased firmness of consistence, or of the opposite condition, termed *ramollissement*, or softening; and some pathologists are of opinion that either condition may terminate in its opposite. Both are the result of inflammation. Paralysis is the common result of *ramollissement*, and when these are combined it is needless to observe how utterly hopeless the case must be.

Lesion of the cortical substance appears to be mostly connected with the intellectual functions, and disorganization of the medullary to affect more the motor powers; but disorganization of cerebral substance may exist to considerable extent without any manifestation of it during life, and large quantities of the brain have come away after severe fractures of the cranium without any deterioration of the intellect. Instances of this are recorded in the Edinburgh Medical and Surgical Journal, and I have heard also of a boy, who, on a portion of the brain coming away through a fissure in the skull, consequent on violent injury, coolly requested that it might be sent to his schoolmaster, in refutation of the schoolmaster having often told him "that he had no brains,"—a point in which they were quite at variance! In a word, great difficulty, uncertainty, and difference of opinion, exist on the physiology and pathology of this important organ, notwithstanding the results of dissection and all the researches that have been made: and more experience is yet necessary, and more study must yet be devoted to it, ere we can decide positively on the contingencies of function and lesion of this empire of reason and the soul! The only method (the late Dr. Baillie told me) of advancing medical science, is to

compare the appearances after death with the symptoms that manifested themselves during life, wherever and whenever an opportunity presents. But public Hospitals and Institutions are the only places in which anatomical investigations can be efficiently made. In private practice it is always unpleasant to make such a proposal, and, when made, the chances are much against its being granted. I can only say, with respect to myself, I have been so discouraged by reiterated refusals that I now very seldom solicit it. Only it is distressing to think how many a valuable specimen of disease, which would have been a most desirable acquisition to our Museum, and which might materially assist the advancement of pathology and science, is, through false feeling, consigned to subterraneous decomposition.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 31, 1851.

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*American Physicians in Paris.*—From various sources intelligence has been received of the formation of an American medical association in Paris, having for its special object the improvement of the members in their attendance on the French hospitals. In other words, the association has in view the plan of aiding American students to hear and see whatever is worthy of their consideration in the sphere of their particular pursuits. The society would be of immense utility if it could persuade all American students to be punctual in their attendance at the lecture rooms. Paris has something to be seen besides the dead and dying, and young gentlemen who go there from this country, do not, in every instance, confine themselves to the consideration of medicine and surgery. It is an accomplishment to have been a student, if but for a single week, in the hospitals of Paris—and many a one who has the reputation of having completed his medical studies in foreign institutions, has hardly achieved more than to enter at one door and pass out at another. Medicine and surgery, and most of their appendant branches, can be learned in our larger American cities, as well as in England or France, and this fact should be known and understood. Still we are advocates for foreign travel: it enlarges the mind, and liberalizes the feelings of those who have no conception of the state of society beyond their own domicile; while all the advantages derived from free intercourse with the learned of other countries, are by its means diffused through our own. The new American society may in another way greatly promote the interest of medical science at home, by transmitting to the Journals the earliest information of discoveries and improvements. In this manner, if it does not become the tool of some domineering clique, we may all be the gainers by its collections and publications.

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*Transactions of the American Med. Association for 1851.*—This is a formidable volume—677 octavo pages—nearly 200 more than the volume for last year. The Association was instituted in 1847, and this is the fourth published volume. Should the Association be successful, as we all hope and trust that it will through succeeding years, what may not be anticipated



in the way of national medical archives? There is in this country medical talent enough to meet the highest expectations of the most hopeful, and through the paternal influence of the Association, which embraces the whole professional domain of the United States, the old world will in time discover that we are no idlers. If more of the profession would leave behind them, in a written form, the results of their every-day experience, it would greatly contribute to the advancement of medical science. It is useless to particularize the contents of this large work, which embraces the various and valuable reports of standing committees, the proceedings at the great meeting at Charleston, S. C., in May last, and the prize essay of Dr. Dalton, with its elegant illustrations. Those who have not yet had the transactions, should avail themselves of the opportunity while the volumes may be had at a very reasonable price, for it is quite probable that the demand will soon increase it.

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*Diseases of the Skin.*—Messrs. S. S. & W. Wood, New York, have republished the celebrated *Manual on Diseases of the Skin*, by MM. Cazenave & Schedel, with notes and additions by T. H. Burgess, M.D. This is the second American edition, enlarged and corrected from the last French one, with additional notes by H. D. Bulkley, M.D., &c., of the New York Hospital. It is a fair-looking octavo, of 348 pages. A general care in presenting each subject in the clearest light, is discoverable through the whole work. As the profession is quite familiar with the high reputation of the book, it is only necessary to state further that Dr. Bulkley's finishing touches have so enhanced its value to the practitioners of this country, that not to have it would be depriving one's self of an important assistant in prescribing for diseases of the skin.

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*Hints to the People on Medicine.*—Dr. Wood's little pocket publication, before alluded to, is moving on successfully, and perhaps accomplishing more of good in its way, than could have been achieved by any other means. One of the reasons why appeals to the judgment of the people, to their conscientiousness, to their patriotism, &c., so often fail to influence them, is, that they discover there is too much of self at the bottom; in short, the good of the people means the good of some one individual first. But Dr. Wood is provided for, and hence his motives cannot be questioned. It is well, both for the profession and the public, to have the principles of true and false systems of medicine fully explained by one so competent and disinterested.

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*Vermont Insane Asylum.*—We are reminded, by another annual report from this institution, that fifteen years have sped away since it was organized at Brattleboro'. Dr. Rockwell is still the medical superintendent, and the success and good management which have attended his administration in former years, still continue. When the fifteenth annual report was made up, in August last, there were 335 patients under treatment. In the past official year, 73 recovered; 11 were improved; 11 remained unimproved, and 35 died. Since the doors were first opened, 1,746 patients have been received. They are economists in Vermont—since all the expenses of the Asylum were but \$34,349 46, for a year; while the income for the board of the inmates was \$35,423 54, leaving a balance in favor of the Asylum of \$1,073 88. So much for having faithful public servants.

*Dr. Dowler's Theory of the Nervous System.*—It will be seen by the following extract from a notice of Dr. Dowler's "Experimental Researches," in the British and Foreign Medico-Chirurgical Review, that the double or four-fold system of neurology, which has been so generally believed in by physiologists, but denied by Dr. Dowler, is now given up by the conductors of that long-established and influential Journal. It is true the reviewer dissents, in the course of his remarks, from certain details of Dr. D.'s researches, and some of the deductions from them; but the assent to the correctness of his main propositions is as gratifying as it is unexpected. The following sentences are the commencement of the review alluded to.

"Dr. Dowler has made himself conspicuous among his brethren, by his refusal to receive certain of those Neurological doctrines, which, under one form or another, are now generally admitted amongst well-informed physiologists. We do not quarrel with him for declining to accept the double system of excito-motor and of sensori-volitional nerves, such having, as we now believe, no real existence in nature; and we have a strong sympathy with his objection to the new terms—diastaltic, esodic, oxodic, anodic, cathodic, paltodic, panthodic, anastaltic, catastaltic, peristaltic, &c., by the adoption of which, we venture to think, a comparatively easy subject would be rendered obscure."

*Introductory Lecture at the Mass. Medical College.*—The following correspondence will explain why the profession generally have not been put in possession, by its publication, of this excellent address, delivered by the Professor of Chemistry at the late opening of the lectures at the Massachusetts Medical College.

Boston, Nov. 24th, 1851.

DEAR SIR,—At a meeting of the Medical Class, held this day at the College, it was unanimously voted, that a copy of your introductory address be requested for publication, in order that the instruction and pleasure experienced by the many who were present at its delivery, may be equally enjoyed by those who were prevented from sharing that privilege.

In thus presenting you the general wish of the Class, permit us to thank you for the gratification you have already afforded us, and to tender you our respectful regard.

HORATIO R. STORER,	} Class Committee.
NATHAN P. RICE,	
DAVID CHOATE, JR.,	
C. WHEATON ABBOTT,	
ALGERNON S. COOLIDGE,	

Prof. J. P. Cooke.

Cambridge, Dec. 23d, 1851.

GENTLEMEN,—I have received your kind note of November 24th, requesting me to furnish a copy of my introductory address for publication. I am sorry to feel obliged to deny myself the pleasure of complying with your request.

With many thanks for this expression of your kindness, and best wishes for your welfare and happiness,

I am, gentlemen, your obedient servant,

JOSIAH P. COOKE, JR.

Messrs. Storer, Rice, Choate, Abbott and Coolidge,  
Com. of Med. Class.

*Dental Amalgams.*—In the Baltimore Dental Times, there is an admirable paper on the character of amalgams for filling the teeth, which at some periods have been exceedingly popular. It is clearly shown that nothing can be relied upon for this purpose but gold; and when responsible dental operators all over the land have repeatedly taught the same doctrine, it is extraordinary that people of intelligence will allow second-rate, or rather no-rate persons to endanger their teeth and health by the use of other preparations. But quackery of every species thrives, and it would seem as though pseudo-dentists were sometimes patronized, because there is a pleasure in being cheated out of one's teeth.

*Human Body Petrified.*—While digging coal near Mt. Morris, Illinois, there was lately found the body of a man in a perfect state of petrefaction. From the corduroy cloth in which the legs are encased, the cords and seams of which are perfectly defined, it is supposed to be the body of one of the Irish laborers engaged in the construction of the canal. The limbs are nearly perfect, and are completely transformed into stone. Portions of the body are in possession of Dr. Hand.

*Anatomical Examination of an Infant born without Eyes.*—By M. LISSA. The palpebral fissures were very small, not being above two lines in length; but the lids and lachrymal apparatus were perfectly developed, and the conjunctival membrane covered the contents of the orbit. There was not a vestige of the globe of the eye in either orbital cavity; its place being occupied by areolar tissue, in which the optic nerves seemed to lose themselves. The intra-cranial portion of these nerves followed its usual course; but the tubercula quadrigemina and the thalami optici were of very small size; thus confirming the view that the latter, as well as the former, are the ganglionic centres of the visual sense.—*Gaz. Med. Italiana.*

*Medical Miscellany.*—Dr. C. P. Johnson, professor in Hampden Sidney Medical College, Va., says in the Stethoscope that a mixture of vinegar and salt, two parts of the former and one of the latter, a table-spoonful every three hours, has been found very useful in obstinate diarrhœas.—The Virginia Stethoscope has reached the close of its first year, making a volume for the year of over 700 pages, and will commence its second volume under the most flattering auspices.—The new edifice for the Starling Medical College, in Columbus, Ohio, is nearly completed. It is 135 feet long by 120 wide, and the lecture rooms will each seat about 450 students.—S. S. & Wm. Wood's Catalogue of medical books, at their establishment at New York, shows their collection to be an extensive one.—Smallpox is still prevalent at the West.—Bronchial affections are rife in this region, and cases of typhus are frequently occurring.—The tenth anniversary of the New York Society for the Relief of Widows and Orphans of Medical Men, was celebrated on the 19th Nov., by a dinner at the City Assembly Rooms. About 140 were present, and Dr. J. C. Bliss presided. The amount of \$750 was contributed by Drs. Delafield, Thomas Ward, Detmold, Geschiedt, Bedford, Messrs. A. H. Ward and Kelley. Amount in the treasury, \$11 000.—The location of the Lunatic Hospital in this State is not yet decided upon.

TO CORRESPONDENTS.—Several interesting documents respecting Mrs. Willard's new theory of respiration were received too late for further notice this week.

DIED.—At Baltimore, Dr. R. F. Dillon, of Zanesville, Ohio.—At Brattleboro', Vt., Dr. J. E. Farwell, 33.

*Deaths in Boston*—for the week ending Saturday noon, Dec. 27th, 59.—Males, 31—females, 23. Accidental, 2—apoplexy, 1—asthma, 1—burn, 1—bronchitis, 2—consumption, 17—convulsions, 2—croup, 2—diabetes, 1—dropsy, 1—dropsy of the brain, 2—typhus fever, 1—scarlet fever, 1—hernia, 1—disease of heart, 1—infantile, 9—inflammation of the lungs, 9—disease of the liver, 2—teething, 1—disease of the throat, 1—unknown, 1.

Under 5 years, 24—between 5 and 20 years, 2—between 20 and 40 years, 23—between 40 and 60 years, 7—over 60 years, 3. Americans, 27; foreigners and children of foreigners, 32. The above includes 4 deaths at the City Institutions.

*Treatment of Diarrhœa by Sulphuric Acid.*—By G. B. PAYNE, M.D., of London.—During the present season some hundreds of cases of diarrhœa have fallen under my care, the majority of which have readily yielded to chalk, kino, tincture of opium, &c. Still, from time to time, more obstinate cases presented themselves, in which these things seemed altogether useless. A few weeks ago, when the first notice of the sulphuric acid plan was inserted in the *Lancet*, I chanced to be tormented with a very obstinate case, of three weeks' standing. The subject, a child of five years, was in the last stage of prostration, from the constant drain on the system: every means prescribed had failed to afford anything more than temporary relief. I gave the sulphuric acid, diluted, in fifteen-drop doses, every hour, and was no less gratified than surprised to find, the next day, very considerable improvement, the purging reduced in frequency to three hours or longer intervals. In short, by continuing the treatment another day, this apparently moribund child was restored to life, and ultimately to health. Encouraged by this, I have since that time given the acid freely, (occasionally combined with tincture of opium), and have been equally satisfied with the result. In cases, however, in which we have much straining and pain, and other dysenteric symptoms, I have found the acid comparatively valueless. In conclusion, I would observe, that another advantage, of no little importance in the treatment of children, attends the use of this remedy,—i. e., it can be made grateful and pleasant to the palate with a little syrup.—*London Lancet*.

*On the External Use of an Aqueous Solution of Tartar Emetic.*—By Dr. C. CLOC.—The author, in a paper published in the *Gazetta Medica Toscana*, reports the effects of the above application in various painful and inflammatory affections, both acute and chronic, as, for example, in acute arthritiis, in an inflammatory swelling of the left elbow, in erysipelas of the face supervening during convalescence from smallpox, in metastatic cynanche parotidea, in a leucorrhœa of long standing, which was cured by injections into the vagina of a solution of tartar emetic, &c. It must be observed that the topical use of the remedy was combined with the ordinary antiphlogistic treatment, and with general and local blood-letting. Nevertheless, its effects were rapid and evident. The author draws from his experience the following conclusions: 1. Tartar emetic, dissolved in a large quantity of water, and applied externally as a fomentation, is capable of subduing superficial inflammation, and is preferable to all other local antiphlogistics. 2. The solution employed by him consisted of ten grains only of tartar emetic in a pound of water, although a greater proportion might be employed. 3. The cloths should be well moistened and frequently changed. 4. As this cannot be done during the night, a small pledget wet with plain water is then to be substituted, so as to dissolve any particles of the salt which may happen to be left on the surface by evaporation. 5. The cloths should be of linen, and they should be folded double. 6. The effects are more rapidly produced if the cuticle be previously removed. 7. If the solution be applied to a blistered surface, a dry, smooth, shining crust is formed, without producing pain to the patient. 8. No inconvenience was produced by the application, even when continued for fifteen days or more, nor did it give rise to any gastro-enteric or general disturbance, whether employed upon the sound skin or over leech-bites, or where the cuticle had been removed.—*L'Osservatore Medico di Napoli*, No. 8, April 15, 1851.

# MEDICAL JOURNAL ADVERTISING SHEET.

**BOYLSTON MEDICAL SCHOOL.** INCORPORATED, 1847.—The Fall Session of this School will commence on the first of September, 1851. Its object is to give as complete a course of instruction by recitations, lectures and practical study, as can be given in this country in a period of three years. The plan of the School differs from that of any other School in the country, and with the advantages held out by them, the instructors hope to send into the profession thorough students only.

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**HENRY G. CLARK, M.D.,** one of the Surgeons of the *Massachusetts General Hospital*, Instructor in Principles and Practice of Surgery, 25 Salem street.

**HENRY W. WILLIAMS, M.D.,** Instructor in Principles and Practice of Medicine, and Ophthalmic Surgery, 10 Essex street.

**GEORGE H. GAY, M.D.,** Instructor in Anatomy, Hollis street, corner of Tremont.

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**WINSLOW LEWIS, President.**  
Boston, Aug. 20, 1851. tf

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